



State of Rhode Island  
and Providence Plantations  
Department of State – Business Services Division

148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2020

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. <b>001091717</b>		2. Exact name of the limited liability company <b>Spartan, LLC</b>		3. NAICS Code <b>531190</b>	
4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Purchase, hold, sell, and otherwise deal in equity interests</b>				5. State of Formation <b>Rhode Island</b>	
6. Principal office address <b>150 Chestnut Street</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02903</b>
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>C. Scott Carlisle</b>		Contact Title <b>Manager</b>			
Street Address <b>150 Chestnut Street</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02903</b>
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>C. Scott Carlisle</b>		Manager Name			
Street Address <b>150 Chestnut Street</b>		Street Address			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11 Orson and Brusini Ltd.					

**FILED**

**OCT 15 2020**

BY MLC# 3589

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

2:56

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

C. Scott Carlisle 10/8/20  
Signature of Authorized Person Date

**C. Scott Carlisle, Manager**

Print or Type Name of Authorized Person

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2020 OCT 15 P 2:56